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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Bhutan

Proposed UNFPA assistance:	$5.0 million, $4.0 million from regular resources and $1.0 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.75	1.0	3.75
Population and development strategies	1.00	-	1.00
Programme coordination and assistance	0.25	-	0.25
Total	4.00	1.0	5.00

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BHUTAN

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	12	≥60
Contraceptive prevalence rate (%)[2]	19	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	70.9	≤65
Infant mortality rate (per 1,000 live births)[5]	63	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	28	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

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1. Electronic database, World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6. The World Bank, *World Development Indicators, 2000*.
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	2,141	Annual population growth rate (%)	2.62
Population in year 2015 (000)	2,085	Total fertility rate (/woman)	5.10
Sex ratio (/100 females)		Life expectancy at birth (years)	
Age distribution (%)	102	Males	62.0
Ages 0-14	42.7	Females	64.5
Youth (15-24	19.5	Both sexes	63.2
Ages 60+	6.5	GNP per capita (U.S. dollars, 1998)	470

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Royal Government of Bhutan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5 million, of which $4 million would be programmed from UNFPA's regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1 million from co-financing and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Bhutan. Bhutan is a "Category A" country under the Fund's resource allocation system.

2. The proposed programme was developed as a result of an in-country strategy meeting with the participation of the Government and other concerned stakeholders, including other United Nations agencies and bilateral donors. It takes into account the development priorities of the Government embodied in the eighth five-year plan, 20/20 Vision statement, reproductive health strategies, and the population and development concerns identified by the Common Country Assessment for advocacy and policy dialogue. It is based on the recommendations of UNFPA's Country Population Assessment, conducted under the guidance of a national steering committee and completed in February 2001. It draws on the mid-term review and the findings of the end evaluation of the third country programme and the outcome of the stakeholders meeting on the fourth country programme outline. The proposed programme is harmonized with the cycles of UNDG partners and will contribute directly to two goals identified in the United Nations Development Assistance Framework (UNDAF), namely universal access to quality social services and gender equity.

3. Consistent with the priorities of the Government, the goal of the UNFPA fourth country programme is to contribute to the achievement of Gross National Happiness[1] through: (a) the improvement of quality reproductive health for all couples and individuals and promotion of safer and healthier behaviours; (b) the promotion of balanced population and socio-economic development; and (c) a better understanding of population and sustainable development issues. Meeting these goals will entail a variety of measures. The programme seeks to extend reproductive health information and services to women and adolescents, particularly those living in the remote parts of the country, and to enhance the skills of health personnel to deliver quality reproductive health services. Another step is to build the capacity of national health, policy and research institutions in understanding and dealing with population, gender, reproductive health and development issues. The programme will address, through the schools and at the community level, the special reproductive and sexual health needs of adolescents. Finally, it will advocate for priority population and development issues.

[1] Refers to a concept launched by His Majesty the King of Bhutan that defines development in terms of human development and quality of life rather than pure economic indicators, taking into account the social, cultural, religious and physical environments.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Most of Bhutan is rugged and mountainous terrain with a scattered, mostly rural population. In 2000 the population size was officially estimated by the Government at 658,000, one-third of United Nations estimates. This discrepancy is mostly attributed to the absence of a recent population and housing census. There is a consensus that the rate of the population growth is high, estimated at 2.5 per cent a year in 2000.[2] At this rate of growth, the population will double in less than 30 years. Fertility levels remain high in spite of a slight decline recorded recently in the fertility rate – from 5.6 children per woman in 1994 to 4.7 in 2000. Bhutan has a young population with 43 per cent below the age of 15. Close to 85 per cent of the population lives in rural areas. However, the urban population has increased rapidly from an estimated 5 per cent of the total in 1990 to 15 per cent in 2000.

6. The Government is fully aware of the adverse implications of population growth on the sustainable development of the country. There is a clear recognition in the eighth five-year plan of the need for reduction of fertility to ensure a higher Gross National Happiness. The plan has a chapter on population and development with a detailed outline on national population and development policies and strategies, which are multisectoral in approach and consistent with the ICPD. A draft population policy is now being discussed for approval.

7. The economic performance of Bhutan in recent years has been satisfactory. Between 1980 and 1998, the gross domestic product (GDP) grew at a rate of 6.7 per cent a year, and the real GDP per capita doubled to an estimated $645 in 1998. The Government allocates 25 per cent of its annual budget to social sectors. The robust economic growth accompanied by high investment in social sectors has resulted in significant improvements in health and education. Based on unpublished data from the 2000 national health survey, between 1984 and 2000 the infant mortality rate decreased from 103 per 1,000 live births to 60.5 per 1,000, while the maternal mortality ratio was reduced from 773 per 100,000 live births to 255 per 100,000.

8. Over the last fifteen years, life expectancy at birth has increased from 47 to 66 years and adult literacy has grown from 23 to 54 per cent. More than two thirds of the population has access to primary health-care services, which are offered free of charge. The human development index (HDI) increased from 0.325 in 1987 to 0.581 in 1998. Despite the increased access to and availability of free maternal and child health services through 26 hospitals, 96 basic

[2] Data in this text are extracted from the national health survey, 2000.

health units, 32 dispensaries and 454 outreach clinics, only 24 per cent of deliveries are attended by trained health-care providers. Iron deficiency anaemia in pregnancy is an important contributing factor to maternal deaths. The national referral hospital's statistics revealed in 1999 that 38 per cent of pregnant women were found to be anaemic at the first visit. This high percentage of anaemic women was closely associated with the 64 per cent of recorded pregnancy complications in 1999.

9. Modern contraceptive use has increased from 18.8 per cent in 1994 to 30.7 per cent in 2000. The recent national health survey showed an increasing trend towards men sharing the burden of contraception. Abortion is illegal in Bhutan, and information on the number of abortions is scant. A few Bhutanese doctors, however, have been trained in how to deal with complications arising from unsafe abortion and are faced with an increased incidence of abortion sought by young women, including schoolgirls.

10. The number of sexually transmitted infections (STIs), although under-reported, shows an upward trend. Approximately 35 per cent of the total STIs reported are among women. With the relatively high number of STI infections every year and the large number of persons in the sexually active age group, infection rates are likely to increase.

11. Bhutan is reported to have 15 HIV-positive cases, but this is likely to be under-reported. WHO estimates an HIV prevalence rate of 16 per 100,000 population or about 104 cases for a population of 650,000. While HIV prevalence remains at a low level, it is a matter of concern given the high rates of HIV infection reported in neighboring countries.

12. Adolescents and youth comprise over 40 per cent of the population. Early marriage, early pregnancy, high fertility, low use of contraception and STIs are common among this high-risk group. Bhutan's existing services for family planning and reproductive health services tend to target married couples, and limited information, counselling and services are available for adolescents.

13. Bhutan allows no overt discrimination against women, socially, economically, politically or legally. Women play an active role in household and productive activities. Bhutan ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1981. Nevertheless, gender gaps exist, particularly in education and employment, in the modern sectors of the economy and in higher-level policy planning and decision-making. For instance, the adult female literacy rate of 28 per cent is about half the national average. The enrolment ratio for boys at the primary school level exceeds that of girls by one third. Women are under-represented in the legislative and executive government bodies. Domestic violence exists in Bhutan, although no data are available on its prevalence.

14. There are significant gaps in the availability and quality of data on the socio-economic and demographic conditions of the population as well as in policy analysis and research. This significantly constrains the use of data in planning and policy processes. A database for local-level planning is not readily available. Population parameters estimated by different sectoral ministries and departments are inconsistent; population factors and gender concerns are not given full consideration in development strategies; and a national population policy is yet to be discussed and finalized. Moreover, there is a shortage of trained personnel in most fields related to population and development. Advocacy efforts need to be directed towards relevant departments for ensuring and using reliable data for planning purposes, thereby complementing other advocacy efforts on gender equality, adolescent and reproductive health issues.

Previous UNFPA assistance

15. UNFPA has been a close partner of the Government for nearly 20 years in its efforts to achieve sustainable population growth through a multisectoral approach. In recent years, the contribution of UNFPA has been in human resource development, providing invaluable assistance in the forms of: (a) training in the insertion of intrauterine devices (IUDs), no-scalpel vasectomy and the mini-laparotomy surgical technique; (b) formal and non-formal population education for educational administrators and curriculum designers; (c) communication planning; (d) counseling in maternal and child health (MCH); (e) population studies; and (f) database development and management. In addition, a significant number of government officials have received short-term in-country training in specialized areas such as information, education and communication (IEC) counselling, data collection and logistics. Two MCH centres and a hostel were built to accommodate expanded pre-service training, and medical equipment for emergency obstetric care was provided to five district hospitals, three regional referral hospitals and nine basic health units. The programme also provided mobile health camp equipment and vasectomy sets at district hospitals and computers and other equipment to the Central Statistical Office and to the Royal Institute of Health Sciences.

16. To ensure quality service, national standards and guidelines for contraceptive services, including counselling and prevention of STIs, were developed and distributed to field staff, and related training for service providers has been conducted.

17. Awareness and understanding of reproductive health, population and development issues were increased by a number of measures, including: (a) development and distribution of IEC materials on reproductive health issues to service providers; (b) ongoing training of a number of religious leaders on population issues; (c) sensitizing members of district and block development committees on reproductive health; (d) organizing sensitization seminars for district administrators on reproductive health issues; and (e) introducing population education into the school curricula and providing training to primary school teachers and education administrators. A curriculum for population education was developed by the Ministry of Health and Education

and introduced throughout the country. However, reproductive health components of the curricula are yet to be developed, tested and introduced. An IEC strategy has been formulated for various target groups and is expected to be implemented in the next country programme.

18. Of particular relevance is UNFPA's support for the advocacy efforts of Her Majesty Ashi Sangay Choden Wangchuck, the UNFPA Goodwill Ambassador, in garnering support for the programme from influential personalities, policy makers and programme managers at the national and district levels. These efforts have contributed greatly towards creating a positive environment and increasing acceptability of the programme by political, legislative, religious, media and community leaders.

19. Lessons learned. Many valuable lessons were learned during the previous programmes. One was that improving the availability and quality of reproductive health services requires a concerted effort of investment of capital and in human resources as well as promotion of public interest in safer and healthier practices. The previous programmes have made significant headway in capital investment, but there is now an urgent need to prepare a critical mass of qualified personnel to deliver quality care while sustaining the increasing demand for reproductive health services. Synergy among the different components of the programme needs to be strengthened and institutional relationships established and supported. For the UNFPA programme to make further impact with limited resources, there is a strong need to focus on only a few districts in a phased manner. Where utilization of health services is low, sociocultural studies need to be carried out to provide a better understanding of determinants of the health-seeking behaviours. Sustaining the commitment of the leadership at all levels is instrumental in creating the positive environment essential for the programme's success. Lastly, programme planning continues to be hampered by lack of data.

Other external assistance

20. Official development assistance to Bhutan amounted to $84.81 million in 1999, 73 per cent coming from bilateral donors, 26 per cent from multilateral donors and 1 per cent from NGOs. The main bilateral donors were India, Japan, Denmark, Germany, Australia and Switzerland. Among multilateral donors, the United Nations system was the largest, followed by the Asia Development Bank, the World Bank and the European Union.

Proposed programme

21. The programme goal is stated in paragraph 3 above. The proposed programme will focus on the following issues: maternal mortality, adolescent reproductive health, prevention of STIs and HIV/AIDS, and cervical cancer. In addition, it is paramount to consolidate the achievements made under the previous country programme. The proposed strategy further underscores the importance of ownership by the government and enhancing sustainability through decentralized

planning. This is in response to the emerging national policy on decentralization that will be initiated in the ninth five-year plan. The fourth country programme will support activities at both the national and, in a phased manner, at the district level, depending on availability of resources. The selection of the districts will be prioritized on the basis of social and health indicators, in consultation with the Government and district administration to ensure full ownership and in coordination with other development partners to avoid duplication. The programme will support activities in two subprogrammes: one for reproductive health and one for population and development strategies that will contain an advocacy component. Gender will be a cross-cutting issue and would be addressed in both subprogrammes.

22. Reproductive health. The purposes of the reproductive health subprogramme are to increase utilization of quality reproductive health information and services by women, men and adolescents and to bring about positive attitude and behavioural changes towards reproductive health practices. The outputs of this subprogramme are: (a) the increased availability of quality reproductive health services to couples and individuals; (b) the increased availability of appropriate reproductive health (including STI and HIV/AIDS) information, counselling and services for adolescents; and (c) the increased sensitization of men, women and families with regard to healthier and safer behaviours and practices, increased appreciation of the benefits of smaller families, and (d) a sharper perception of the risks associated with STIs and HIV/AIDS.

23. In terms of coverage, support will be provided to the reproductive health subprogramme by means of a two-pronged approach: first, by providing support at the national level for the provision of contraceptives and the development of training and policy guidelines; second, by providing intensive, integrated input in selected, including remote, districts, to be determined in conjunction with the Ministry of Health and Education. If additional resources are mobilized, they will be used to further strengthen and consolidate the activities in the same districts.

24. Several interventions will be undertaken to enhance the quality of reproductive health services in the country. At the national level, UNFPA will strengthen the training capacity of the training institute responsible for producing different cadres of health personnel such as general nurse midwives, health assistants, auxiliary nurse midwives, basic health workers and laboratory technicians. The health staff of the training institute will be trained both within the country and overseas to deal with emerging reproductive health needs such as post-abortion complications and cervical cancer. Through such interventions, the programme will enhance the managerial, clinical and interpersonal communication skills of various cadres of health-care providers.

25. Also at the national level, UNFPA will assist in the review and, if necessary, redesign of existing guidelines on national medical standards for contraceptive services. Adequate guidelines and training manuals will be made available for the management and referral of STI cases, infertility, cervical cancer, and adolescent-related reproductive health complications, thus addressing the gaps identified in previous programmes. A referral system will be established to

refer couples and individuals with such problems from the periphery. Also at the national level, health staff will be retrained in syndromic management, including components on interpersonal communications and counselling. It is proposed to support the extension of screening for syphilis among pregnant women to the basic health unit level by training health assistants and auxiliary nurse midwives and by supplying equipment and reagents.

26. In order to consolidate the achievements of the previous programme, funds will be allocated to support the completion of the hostel at the national training institute. The need for completing the hostel has been thoroughly assessed and strongly recommended in the programme evaluation. The construction will be carried out in full compliance with UNFPA guidelines and would not exceed 5 per cent of the proposed programme's regular resources. In addition, the existing reproductive health unit at the main national hospital will be developed as a center for training health workers in IUD insertion. It will be further strengthened to provide services under-served and vulnerable urban groups such as migrant workers in Thimphu.

27. In selected districts and on a demonstration basis, integrated reproductive health services will be provided. In addition to family planning and STI services, nurses will be trained to sensitize anaemic mothers on healthy and nutritional habits and on newborn care. Given the high incidence of cervical cancer, the proposed programme will support cervical cancer screening by training cytopathologists, helping to develop guidelines and providing equipment. A monitoring and evaluation system for the reproductive health programme will be established and relevant indicators will be identified to track performance and progress as well as to assist managers to make decisions on programme-related issues. The national capacity for conducting and applying operations research on critical reproductive health issues would also be strengthened.

28. UNFPA will pay increasing attention to adolescent reproductive health. The proposed programme will develop, test and validate gender-sensitive, youth-friendly reproductive health information and counselling materials that can be used in both formal and non-formal education settings. Such institutions as community schools and the national technical training authority would be considered for introducing reproductive health information and counselling activities aimed at adolescents in the formal sector, whereas out-of school youth would be reached through existing community centres. Appropriate training and counselling materials will be developed and tested for selected teachers in both the formal and non-formal sectors. Health workers will be sensitized to the reproductive health needs of adolescents. Peer education targeting male adolescents will be set up in existing youth centres in the UNFPA focus districts on a pilot basis.

29. The proposed programme would help to develop an action plan to implement the existing IEC strategy. The operationalization of the IEC strategy will involve strengthening the institutional, programmatic and operational capacity to plan, monitor and implement appropriate IEC campaigns. In-country and selected foreign training for staff involved in the operationalization of the IEC strategies will be undertaken. Since little or no impact assessment

was carried out in the previous programme, this cycle will devote special efforts for impact assessment of IEC activities related to reproductive health. This component will also coordinate the training of service providers and outreach workers on interpersonal communication and community mobilization and on the proper use of IEC materials. In addition, a coordination mechanism between IEC and service delivery activities will be established.

30. Reproductive health commodity security. UNFPA is the major provider of contraceptives to Bhutan. It also provides condoms for the national STI and HIV/AIDS prevention programme. Currently, the Government provides contraceptives free of charge. Though user fees are gradually being introduced into the health sector, as yet there are no plans to charge clients for contraceptive commodities and services. Community-based distribution and social marketing of contraceptives has not begun. Various options are being explored for community-based distribution, and a feasibility study is being conducted on social marketing of contraceptives. In the proposed programme, UNFPA will continue to procure modern contraceptives and will promote a logistics management and distribution system to ensure a regular and sustained supply. The Fund will direct its advocacy efforts to mobilizing resources from other donors for the supply of contraceptives. The Government has established a trust fund to ensure sustainability in the provision of essential drugs and reproductive health commodities.

31. The amount of $3.75 million would be allocated for the reproductive health subprogramme, of which $2.75 million would come from regular resources. The bulk of the resources will be used for the provision of reproductive health commodities, to strengthen and upgrade reproductive health service delivery, to provide adolescent reproductive health services and counselling and for IEC activities. An amount of $200,000 will be used to complete the construction of the hostel built during the current programme cycle.

32. Population and development strategies. The purposes of the proposed population and development strategies subprogramme are: (a) to enhance the capacity of national institutions to formulate and implement gender-sensitive population and sustainable development policies and programmes; and (b) to mobilize the support of key influential persons to advocate for adequate policies and programmes to address current and emerging population and development issues. The outputs of the subprogramme are: (a) strengthened national and subnational capacity in collection, analysis and interpretation of gender-disaggregated data for use in development planning; (b) strengthened capacity in population teaching, training, policy analysis and operations research; and (c) sensitized policy makers, senior-level government officials, and community leaders, including religious leaders, on the implications of the growing urban and adolescent populations, gender disparities and HIV/AIDS on sustainable development and institutional and financial support mobilized for policies and programmes to address these issues.

33. UNFPA will: (a) provide technical assistance in preparing the population and housing census expected to be carried out during the programme cycle; (b) prepare district profiles based

on census and service statistics; (c) offer technical assistance to the Health Division on the use of data collected by the health management information system; (d) strengthen the technical capacity of selected district development committees and block development committees in development planning; (e) harmonize inconsistent estimates of population parameters and standardization of data collected by various sectoral ministries; (f) increase awareness of policy planners and decision makers on the importance of quality data in development planning; and (g) develop and institutionalize a coordination mechanism in data collection.

34. The proposed programme will support the introduction of multidisciplinary courses in population and development at Sherubtse College and will help to institutionalize the teaching of courses on population. This will include strengthening the professional and technical teaching competence of the faculty in population and research and upgrading the library and computer facilities of the college. The proposed programme will also support policy-relevant research related to population and sustainable development as well as operations research that has a direct bearing upon programme performance.

35. Advocacy efforts will include: (a) developing an advocacy strategy and action plan; (b) preparing information kits and state-of-the-art papers on relevant issues identified in the advocacy strategy such as trafficking and gender violence; (c) conducting debates and seminars on reproductive health, youth and gender issues; (d) supporting the advocacy efforts of Her Majesty, the UNFPA Goodwill Ambassador; and (e) preparing policy papers on relevant issues. The proposed allocation for the population and development strategies subprogramme is $1.0 million, of which $300,000 would be used for advocacy activities.

Programme implementation, coordination, monitoring and evaluation

36. The proposed programme will be primarily nationally executed, under the supervision of the Department of Aid and Debt Management Division, Ministry of Finance, which coordinates UNFPA assistance to the country and coordinates the inter-ministerial UNFPA-supported project activities. UNFPA execution will be limited to such areas as procurement of commodities and equipment, arrangement of international training and meetings, and technical assistance as relevant and as necessary. The existing mechanism of regular joint meetings with project managers and intersectoral representatives will be further strengthened in order to maximize synergy between and within subprogramme activities.

37. The Ministry of Health and Education is responsible for the implementation of population-related activities. Since the ICPD, it has combined the maternal and child health and family planning programme with other related programmes and organized them into the national reproductive health programme. A coordination mechanism will also be developed to link activities in the focus districts with the central level to ensure synergy and accountability.

38. A multisectoral group consisting of representatives of relevant departments, and other relevant stakeholders will be responsible to design, coordinate and implement outreach and counselling activities for adolescents. The United Nations will continue its regular donor meetings aimed at sharing information, identifying potential areas of collaboration and avoiding duplication of efforts. Areas of collaboration already identified by UNFPA with other United Nations agencies include safe motherhood, the health management information system, adolescent health, and STI and HIV/AIDS prevention.

39. Regular project site visits and meetings with all stakeholders will provide input for the annual programme review meetings preceded by the review of the annual subprogramme reports. A mid-term review will be held in 2004. The final evaluation of the fourth country programme will be conducted in early 2006. Overall technical backstopping for country programme implementation will be provided by national consultants whenever available and by CST advisers. Training will be provided to all programme and project staff on UNFPA programme policies and procedures, programme management and accountability, results-based management and the logical framework. The country office will also ensure increased availability and use of programme and financial data for effective management of the fourth country programme.

40. Support for South-South collaboration and exchange of experiences among member countries of the South Asian Association for Regional Cooperation (SAARC) will be provided. This will include field observation visits, training, promoting the use of Bhutanese expertise, and facilitating Bhutanese participation in relevant professional and technical meetings.

41. The UNFPA Country Director for Bhutan, based in New Delhi, India, has overall responsibility for the UNFPA programme in Bhutan. The Country Director is assisted by a national programme officer and a secretary attached to the office of the UNFPA Representative, who is also the UNDP Resident Representative in Bhutan. In order to support the country office and implementing agencies, National Professional Project Personnel will be hired as and when required. Under the proposed programme, the amount of $250,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

42. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Bhutan as presented above, in the amount of $5 million for the period 2002-2006, $4 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $1 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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